PTO/S&06 (08-03)

Approved for use hrough 7/31/2008. OMB 0651-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMEDIC
D a celection of information unless in details.

	PAT	ENT APPLI	CAIN	M LEE DELI	EKMINATIO	N RECORD	AUGUSTA COM	Applica	gau e valid OVB	amber _	
Substitute for Form PTO-876									10772427		
CLAIMS AS FILED - PART (Column 2)						SMALL	EMTTY	OR		R THAN ENTITY	
FOR		NUM	ER FLED	NUMBER EXTRA		RATE	FEE		RATE	FEE	
DASIC FEE D7 CFR 1.18(a))			-I					1 🔐			
TOTAL CLAIMS D7 CFR 1.18(4))			entrus 2			x : •			X 3 .		
NOEPENDENT CLAIMS 37 CFR 1.14(1))		6	minus.	7.		XI ·		1			
		VT CLADA PRESE		-		 	OR	<u>**</u>			
				(37 CFR 1,16(49)	+1		OR	+3			
If the difference in column 1 is less than zero, enter "O" in column 2.					2	TOTAL	L	OR	TOTAL	<u> </u>	
1	, a	AIMS AS AM	ENDEC	– PART II							
		(Column 1)		(Column 3) (Column 3)		SMALL ENTITY		OR	OTHER SMALL	THAN ENTITY	
Tot		CLASAS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL	
Tot or over 1	180	. 8	Minus	20	1.1	X:	FEE			FEE	
Independ profes		• ,	Minus	" 3	-		-	OR	X \$•		
EIDOT O						× 8		OR	X 3 *		
FRET PRESENTATION OF MULTIPLE DEPENDENT CLAM (DT CFR 1.NE(II)						+3 -	·	CR	+=		
1-16-06 (Column 1) (Column 2) (Column 2)						ADD'L FEE		OR	ADDL FEE		
T	- 4	(Column 1) CLAIMS		(Column 2)	(Calumn 3)			1			
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total grown to	443	. 10	Minus	20	• /	x 8_ •		OR	xs •	FEE	
(province)	976 400	/	Minus		•7	Xs .	7	OR	из -	/	
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR (1980))						+2	/	-		/	
Vacant						TOTAL ADD'L FEE	1	OR OR	TOTAL ADO'L FEE		
411	70.	(Column 1)		(Column 2)	(Column 3)						
8/6	3/1	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	AOOH TIONAL	
Total for care in		AMENDMENT	Minus	PAID FOR	•		FEE			FEE	
Independs (or GFR 1.1		.//	Minus	612	•	× 5	$\overline{\cdot}$	OR	xs		
-				_2		X 8	$\overline{}$	OR	x 5		
FIRST PRESENTATION OF MATTPLE DEPENDENT CLAM (ST CFR 1.18(0))											
						ADOL FEE	·	DR	TOTAL ADD'L FEE	7	
" If the eni	ry in colu	umn 1 is less that	Poid For	in column 2, with IN THIS SPACE	The column 3.			2			

"If the "Highest Number Previously Paid For" IN THIS SPACE in less than 3, etch "7".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 3.7 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 3.5 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO, Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO MOT SEMD FEES OR COMPLETED FORMS TO THIS ADDRESS, SEMD TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-600-PTO-9199 and select option 2.